

**Maine-New Hampshire-Vermont Region
American Heart Association**

B.L.S. Instructor Trainer Course Application Form - Page One

(PLEASE PRINT)

Date: _____

Last Name: _____ First Name: _____

Social Security Number: _____ **(circle one)** EMT-P, LPN, MD, RRT, RN
Other: _____

(if an employee of DHMC) Employee Number: _____
Component: **(circle one)** MHMH HC DMS VAMC

Work Company Name: _____

Department: _____

Job Title: _____

Work Mailing Address: _____
(Please include street, city, state, and zip)

Work Phone Number: (_____) _____
Area Code

**Cost: \$115.00 for B.L.S. Instructor Trainer Course
(make any check payable to: DHMC-Lifesupport Program)**

See Flyer for address to forward Forms and payment to. **(If you are not approved for registration, your payment will be sent back to you.)**

See Flyer for dates, times, and location. The third page gives directions. See ****NOTE** on the directions page, for a golf package offer on the afternoon of the first day.

Any questions and/or concerns can be directed to Stanley Liang by e-mail, at "Stanley.Liang@hitchcock.org", or by phone at 603-650-7989, Monday - Friday, from 8:30 AM to 3:30 PM (except for holidays).

REFUND POLICY: Full refunds for cancellations received 2 weeks prior to program; 50% refund for cancellations received 1 to 2 weeks prior to program; NO REFUND for cancellations received less than 1 week prior to program. If course is cancelled, full refunds will be made promptly.

**Maine-New Hampshire-Vermont Region
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B.L.S. Instructor Trainer Course Application Form - Page Two

(PLEASE PRINT)

TO BE COMPLETED BY CANDIDATE

Address _____
(Please include street, city, state, and zip)

Phone Home:(_____) _____ Work:(_____) _____
Area Code Area Code

Training Center _____

Initial B.L.S. Instructor Course Date:_____ Location:_____

I would like to attend the Course scheduled for: _____

PRINT NAME Signature Date

TO BE COMPLETED BY TRAINING CENTER COORDINATOR

Please comment on the candidate's ability to teach and demonstrate skills according to American Heart Association Standards.

PRINT NAME Signature Date

TO BE COMPLETED BY REGIONAL FACULTY MEMBER

Please comment on the candidate's ability to teach and demonstrate skills according to American Heart Association Standards.

PRINT NAME Signature Date